

CLERKS OFFICE U.S. DIST. COURT
AT CHARLOTTESVILLE, VA
FILED**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
CHARLOTTESVILLE DIVISION**July 19, 2024
LAURA A. AUSTIN, CLERK
BY *s/* S. MELVIN
DEPUTY CLERKIN THE MATTER OF THE
ADMINISTRATIVE INSPECTION OF
TOP NOTCH PHARAMCY, L.L.C.
943 PRESTON AVENUE
CHARLOTTESVILLE, VA 22903

Magistrate's Docket No.

Case No. 3:24MJ00032

ADMINISTRATIVE INSPECTION WARRANT RETURNDate and time warrant executed: July 16, 2024 at 9:00 A.M.Copy of warrant and inventory left with: Leah Argie, owner of TOP NOTCH PHARMACY, LLC.Inventory of the property taken:

Amount or Quantity	Description of Item(s)	Purpose (If Applicable)
Numerous	Inventory for Drug: Hydroco/APAP 5-325mg	Inspection
Numerous	Rx List for Drug: Hydroco/APAP 5-325mg	Inspection
Numerous	Inventory for Drug: Amphetamine 20mg	Inspection
Numerous	Rx List for Drug: Amphetamine 20mg	Inspection
Numerous	CSOS Ordering Paperwork	Inspection
Numerous	Medisca Invoices	Inspection
Numerous	PCCA Invoices	Inspection
Numerous	Detailed Dispensing Default (Testosterone)	Inspection
1	Top Notch Family Pharmacy Control Substance Policy Updates	Inspection
1	Top Notch Family Pharmacy Changing On-Hands	Inspection
1	Electronic Copy of Hard Drive	Inspection
Numerous	Inventory for Drug: Amphet/Dextr 20mg	Inspection
Numerous	Rx List for Drug: Amphet/Dextr 20mg	Inspection
Numerous	Inventory for Drug: Adderall XR 20mg	Inspection
Numerous	Rx List for Drug: Adderall XR 20mg	Inspection
Numerous	Inventory for Drug: Oxycodone 10mg	Inspection
Numerous	Rx List for Drug: Oxycodone 10mg	Inspection
Numerous	Inventory for Drug: Methylphenidate 5mg	Inspection
Numerous	Rx List for Drug: Methylphenidate 5mg	Inspection

I declare under penalty of perjury that this inventory is correct and was returned along with the original warrant to the designated judge.

Date: July 18, 2024

Jorge L. Roldan Cubero

Executing agent signature

Jorge L. Roldan Cubero, DI

Printed name and title

Received in chambers by reliable electronic means on July 19, 2024.

Paul C. Hyppa

USMJ

RECEIPT FOR CASH OR OTHER ITEMS

TO: (Name, Title, Address (including ZIP CODE), if applicable)

Top Notch Pharmacy, LLC

CASE NO.

G-DEP

FILE TITLE

FROM CLAIMANT (IMPREST ONLY):

NAME Jorge L. Roldan Cubero

LAST FOUR

DIGITS OF SSN

GROUP 65

DATE

July 16, 2024

DIVISION/DISTRICT OFFICE

RDO

CS NUMBER

CALENDAR YEAR CAP

LIFETIME CAP

EXTENSION APPROVAL

APPROVER

Title (and printed name/date if not signed digitally)

DATE EXTENDED THROUGH:

I hereby acknowledge receipt of the following described cash or other item(s),
which was given into my custody by the above named individual.

AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S)	PURPOSE (If Applicable)
Numerous	Inventory for Drug: Hydroco / APAP 5-325mg	Inspection
Numerous	Rx List for Drug: Hydroco / APAP 5-325mg	Inspection
Numerous	Inventory for Drug: Amphetamine 20mg	Inspection
Numerous	Rx List for Drug: Amphetamine 20mg	Inspection
Numerous	CSOS ordering paperwork	Inspection
Numerous	Medisca Invoices	Inspection
Numerous	PCCA Invoices	Inspection
Numerous	Detailed Dispensing Default (Testosterone)	Inspection
1	Top Notch Family Pharmacy Control Substance Policy Updates	Inspection
1	Top Notch Family Pharmacy Changing on-Hands	Inspection
1	Electronic copy of Harddrive	Inspection

First Level Approver

Title (and printed name/
date if not signed digitally)

Second Level Approver, if any

Title (and printed name/
date if not signed digitally)

Third Level Approver, if any

Title (and printed name/
date if not signed digitally)

Additional Approver, if any

Title (and printed name/
date if not signed digitally)

RECEIVED BY (Signature)

WITNESSED BY (Signature)

NAME, TITLE and DATE

Leah Argie PIC 7/16/24

NAME, TITLE and DATE

Jorge L. Roldan Cubero, DI 7/16/24

DOCUMENT NUMBER / FISCAL INFORMATION

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Numerous	Inventory for Drug: Adderall XR 20mg	Inspection
Numerous	Rx List for Drug: Adderall XR 20mg	Inspection
Numerous	Inventory for Drug: Oxycodone 10mg	Inspection
Numerous	Rx List for Drug: Oxycodone 10mg	Inspection
Numerous	Inventory for Drug: Methylphenidate 5mg	Inspection
Numerous	Rx List for Drug: Methylphenidate 5mg	Inspection

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Title (and printed name/
date if not signed digitally)

Additional Approver, if any

Title (and printed name/
date if not signed digitally)

RECEIVED BY (Signature)

NAME, TITLE and DATE

Leah Argie PIC 7/16/24

WITNESSED BY (Signature)

NAME, TITLE and DATE

Jorge L. Roldan Cubero, DI 7/16/24

DOCUMENT NUMBER / FISCAL INFORMATION